ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: St Francis Hospital Beech Grove

Year: 2004 City: Beech Grove Peer Group: Large

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service	Revenue			
Inpatient Patient Service Revenue	\$398,631,267			
Outpatient Patient Service Revenue	\$358,733,807			
Total Gross Patient Service Revenue	\$757,365,074			
2. Deductions from Revenue				
Contractual Allowances	\$248,273,452			
Other Deductions	\$128,639,487			
Total Deductions	\$376,912,939			
3. Total Operating Revenue				
Net Patient Service Revenue	\$380,452,135			
Other Operating Revenue	\$17,443,993			
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4. Operating Expens	ses
Salaries and Wages	\$152,865,151
Employee Benefits and Taxes	\$38,550,745
Depreciation and Amortization	\$18,281,155
Interest Expenses	\$3,623,450
Bad Debt	\$8,424,470
Other Expenses	\$143,350,212
Total Operating Expenses	\$365,095,183
5. Net Revenue and Exp	oenses
Net Operating Revenue over Expenses	\$32,800,945
Net Non-operating Gains over Losses	\$2,955,282
Total Net Gain over Loss	\$35,756,227

Total Operating Revenue	\$397,896,128
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6. Assets and Lia	bilities
Total Assets	\$300,950,908
Total Liabilities	\$51,908,762

Statement Two: Contractual Allowances				
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue	
Medicare	\$308,886,425	\$193,649,041	\$115,237,384	
Medicaid	\$58,724,428	\$45,881,263	\$12,843,165	
Other State	\$0	\$0	\$0	
Local Government	\$0	\$0	\$0	
Commercial Insurance	\$389,754,222	\$137,382,635	\$252,371,587	
Total	\$757,365,074	\$376,912,939	\$380,452,135	

Statement Three: Unique Specialized Hospital Funds				
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment	
Donations	\$171,006	\$386,085	(\$215,079)	

Educational	\$2,909,874	\$7,973,264	(\$5,063,390)
Research	\$30,253	\$156,179	(\$125,926)
Bioterrorism Grant	\$187,000	\$187,000	\$0

Number of individuals estimated by this hospital that are involved	in education
Number of Medical Professionals Trained In This Hospital	NR
Number of Hospital Patients Educated In This Hospital	NR
Number of Citizens Exposed to Health Education Message	NR

Statement Four Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

	County	Marion	Community	Perry and Franklin township in Marion County and
ı	Location		Served	White River and Clark Pleasant Townships in Johnson
				County
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Hospital Mission Statement

"St Francis Hospital and Health Centers exists to improve the health of our community in a trustworthy compassionate manner through a continuum of care with special emphasis on the needs of the poor and disenfranchised".

Unique Services		Type of Initiatives		Document Available	
Medical Research	YES	Disease Detection	YES	Community Plan	YES
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Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	NR	NR	NR
Charity Care Allocation	(\$65,718,000)	(\$8,697,924)	(\$7,619,937)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
All other initiatives	(\$3,976,527)

Summary of Unreimbursed Costs of Charity Care, Government

Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government	(\$68,970,518
funded programs, and for medical education, training.	
2. Community Health Education	(\$2,588,433)
3. Community Programs and Services	(\$3,976,527)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$75,535,478)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: James Ball

Telephone number: 317/787-3311

Web Address Information: www.stfancishospitals.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	3,002	2,262
2. % of Salary	Salary Expenses divided by Total Expenses	41.9%	36.7%
3. Average Daily Census	Patient Days divided by annual days (365 days)	294.7	251.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	4.2	5.1
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$3,769	\$3,873
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$15,558	\$19,185
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	47.4%	41.1%

8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$939	\$1,295
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	40.8%	40.6%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	2.3%	4.3%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$7,619,937)	(\$5,489,682)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	8.2	5.9

Notes:

- 1. NR = Not Reported
- 2. See Statewide Results for definitions of terms.